



WAYNE STATE
School of Medicine

**Anatomy and Cell Biology
Master's Program**

Department of Ophthalmology,
Visual and Anatomical Sciences

**Shadowing Selection - Fall
Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student has selected a minimum of four (4) instructors to shadow within the Histology and Gross Anatomy labs. For the Fall semester, five (5) total labs must be shadowed with a minimum of two (2) from each course. The deadline for submission of this form is September 15th of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Rotation #1: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #2: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #3: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #4: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #5: Lab name	Histology/Gross Anatomy	Name of Faculty Educator

Signatures

Student Date

Master's Program Graduate Director Date